



2834

Patent Attorney's Docket No. <u>033275-291</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	atent Application of)				
Johann	HALDEMANN	Group Art Unit: 2834				
Applica	ntion No.: 09/993,676) Examiner: Heba Elkassabgi				
Filed:	November 27, 2001) Confirmation No.: 8019				
For:	STATOR WINDING BAR FOR AN ELECTRICAL MACHINE)))				
	AMENDMENT/REPLY TR	ANSMITTAL LETTER				
**	nt Commissioner for Patents gton, D.C. 20231	ent application.				
Sir:		Co Ha				
En	closed is a reply for the above-identified pate	ent application.				
[X]	A Petition for Extension of Time is also enclosed.					
[]	A Terminal Disclaimer and a check for [requisite Government fee are also enclose] \$55.00 (2814) [] \$110.00 (1814) to cover the ed.				
[X]	Also enclosed is Markup to Amendment and Request for Approval of Drawing Changes					
[]	Small entity status is hereby claimed.					
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (2801) [] \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
	[] Applicant(s) previously submitted requested.	_, on, for which continued examination is				
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.					
[X]	No additional claim fee is required.					
[]	An additional claim fee is required, and is calculated as shown below:					

		AMENDED	CLAIM	S		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS =		× \$18.00 (1202) =	-0-	
Independent Claims		MINUS =		× \$84.00 (1201) =	-0-	
If Amendment adds multiple dependent claims, add \$280.00 (1203)						
Total Amendment Fee					-0-	
If small entity status is claimed, subtract 50% of Total Amendment Fee					-0-	
FOTAL ADDITIONA	L FEE DUE	FOR THIS AMEN	NDMENT		-0-	

L]	A claim fee in the	amount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: November 8, 2002